

665

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

State File No. 87A  
Registered No. 42  
Arizona

County Gila State ARIZONA  
Township Globe or Village  
City Globe No. 1513 St. 1513  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Zorka M. Nicklanovich If child is not yet named, supplemental report, as directed

3. Sex Female If plural births 1 4. Twin, triplet, or other 1 6. Premature 1 7. Legitimate? Yes 8. Date of birth Febr. 15, 1914  
5. Number, in order of birth 1 Full term 1 (Month, day, year)

9. Full name FATHER Marko Nicklanovich.

10. Residence (usual place of abode) Globe, Ariz.  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 50 (Years)

13. Birthplace (city or place) Austria.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 1914

17. Total time (years) spent in this work Three.

18. Full maiden name MOTHER Angie Nicklanovich,

19. Residence (usual place of abode) Globe, Ariz.  
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 37 (Years)

22. Birthplace (city or place) Austria.  
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 1914

26. Total time (years) spent in this work Three.

7. Number of children of this mother Three.  
(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

8. If stillborn, 1 months 1 or weeks

29. Cause of stillbirth Before labor  
During labor

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at Globe, Ariz. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., would make this return.

(Signed) E. E. Wrightman M.

or Edna E. Wrightman Mid.

en name added from 958-215-158  
supplemental report (Date of)

Address Globe, Ariz.  
Filed 5/8, 1915 E. E. Wrightman  
Registrar